



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE COVER PAGE

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From:

Mo Day Year to Mo Day Year

1. Committee I.D. Number

137432

2. Committee Name

CTE STACY CERGET

4. Candidate Last Name

CERGET

First Name

STACY

M.I.

K

4a. Office Sought Including District # or Community Served (if applicable)

SHELBY TOWNSHIP SUPERVISOR

4b. County of Residence

MACOMB

5. Committee's Mailing Address

5551 DOUGLAS CT
SHELBY TWP, MI 48315

Area Code and Phone 586 7391892

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

MARY JO CERGET

53580 SOPHIA

SHELBY TWP, MI 48316

Area Code & Phone (586) 781 4917

7. Treasurer's Business Address

N/A

Area Code and Phone ()

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

N/A

Area Code and Phone ()

9. TYPE OF STATEMENT

9a. ☒ Pre-Election

OR

9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☒ Primary

☐ General

☐ Convention

☐ School

☐ Special

☐ Caucus

Date of Election, Convention or Caucus

AUG 3 2004
Month Day Year

9c. ☒ Annual Statement (2004 Coverage Year)

9d. ☒ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in Items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper

MARY JO CERGET

M. Cerget

Date

7 20 04

Candidate

STACY CERGET

Stacy Cerget

Date

7 20 04

Authority granted under P.A. 358 of 1976

Amended 8/12/04

STACY CERGET Stacy Cerget - 8/12/04



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number

Unmended
137422

2. Committee Name

CTE STACY CERGET

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>25,450</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>25,450</u>	(18.) \$ <u>25,450</u>
4. Other Receipts (Schedule 1A -1, Column 6)			
	(4.) \$	<u>—</u>	(19.) \$ <u>—</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>25,450</u>	(20.) \$ <u>—</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)			
	(6.) \$	<u>—</u>	(21.) \$ <u>—</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)			
	(7.) \$	<u>—</u>	(22.) \$ <u>—</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>23387.16</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>—</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>—</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>23387.16</u>	(23.) \$ <u>—</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>—</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>—</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>—</u>	(24.) \$ <u>—</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>—</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>—</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>0</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>25,450</u>	
	(15.) = \$	<u>25,450</u>	
15. SUBTOTAL Add lines 13 and 14			
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>23387.16</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>2062.84</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

137422

2. Committee Name

CTE STACY CERGET

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.

3. Contribution #	PAC Receipt?	4. Date of Receipt	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name: <u>Paula Filar</u> Address: <u>3500 24 mile Shelby Twp. MI 48315</u> 5. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: <u>Self</u> Business Address: _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<u>6/16/04</u>	200	200
3. Contribution #2 Name: _____ Address: <u>Tony LoChirco</u> 5. If over \$100.00: <u>49480 Van Dyke</u> Occupation: <u>Utica, MI 4317</u> <u>Developer</u> Business Address: <u>SAME</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<u>6/16/04</u>	500	500
3. Contribution #3 Name: _____ Address: <u>Angie LoChirco</u> 5. If over \$100.00: <u>49480 VanDyke</u> Occupation: <u>Utica, MI 48317</u> <u>Resident</u> Business Address: <u>Same</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<u>6/16/04</u>	500	500
3. Contribution #4 Name: <u>Joe Vaglica</u> Address: <u>57210 Stonebriar</u> 5. If over \$100.00: <u>Washington Twp, MI 48094</u> Occupation: <u>Engineer</u> Business Address: <u>Same</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<u>6/16/04</u>	200	200
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)			1400	

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Enter this total on
line 3 of Summary
Page.

Amended



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

137422

2. Committee Name

CTE STACY CERGET

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution #1 PAC Receipt? ☐ YES

4. Date of Receipt

6/16/04

Name:

Abdo Saleh

\$500.00

Address:

48548 Roma Velly Circle G-50

5. If over \$100.00 cumul

Occupation

Utica, MI 48317

Project Manager

Business Address

2001 Cut Crystal Dr, Shelby Twp, MI 48315

Type of Contribution: ☐ Direct

☐ Loan from a person

☒ Fund Raiser

500

500

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt

6/16/04

Name:

Debra Omar

\$500.00

Address:

48548 Roma Valley Cir G-50

5. If over \$100.00 cumul

Occupation

Utica, MI 48317

Business Address

2001 Cut Crystal Drive, Shelby Twp, MI 48315

Type of Contribution: ☐ Direct

☐ Loan from a person

☒ Fund Raiser

500

500

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt

6/16/04

Name:

Sandra Rose

\$500.00

Address:

53478 Garland

5. If over \$100.00 cu

Occupation

Shelby Twp., MI 48316

Business Address

2001 Cut crystal, Shelby Twp, MI 48315

Type of Contribution: ☐ Direct

☐ Loan from a person

☒ Fund Raiser

500

500

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt

6/16/04

Name:

Francesco Bartolotta

\$500.00

Address:

55619 Monroe

5. If over \$100.00 cumi

Occupation

Shelby Township, MI 48316

Business Address

2001 Cut Crystal, Shelby Twp, MI 48315

Type of Contribution: ☐ Direct

☐ Loan from a person

☒ Fund Raiser

500

500

Page Subtotal
Grand Total of All Schedules 1A
(Complete on last page of Schedule)

2000

Enter this total on
line 3 of Summary
Page.